

SEP 13 2005

Date: September 13, 2005

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Application Number	10/814,749
Filing Date	March 30, 2004
First Named Inventor	Dominique Charmot
Art Unit	1618
Examiner Name	Michael G. Hartley
Attorney Docket Number	29329-715.201

Attached to this cover sheet are the following documents submitted in the above-identified patent application:

1. Transmittal Form (PTO/SB/21); and
2. Authorization to Act in a Representative Capacity.

Ref: 29329-715.201

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Location: FH 1-2

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PAGE 1/3 * RCVD AT 9/13/2005 4:24:32 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/34 * DNS:2738300 * CSID:650 493 6811 * DURATION (mm-ss):01-30

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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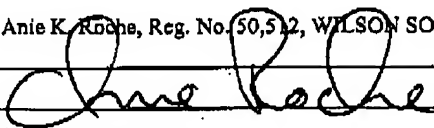
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/814,749
	Filing Date	March 30, 2004
	First Named Inventor	Dominique Charnot
	Art Unit	1618
	Examiner Name	Michael G. Hartley
Total Number of Pages in This Submission		Attorney Docket Number 29329-715.201

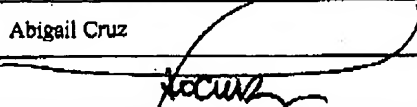
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply with Exhibits <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Authorization to Act in a Representative Capacity
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Anie K. Roche, Reg. No. 50,512, WILSON SONSINI GOODRICH & ROSATI
Signature	
Date	September 13, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Abigail Cruz		
Signature		Date	September 13, 2005

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Sample Form (03-04)

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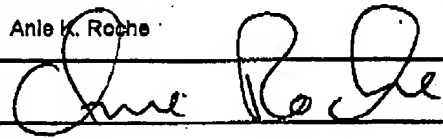
In re Application of:	Dominique Charmot, et al.		
Application No.	10/814,749		
Filed:	March 30, 2004		
Title:	ION BINDING COMPOSITIONS		
Attorney Docket No.	29329-715.201	Art Unit:	1818

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Paul A. Stone	38,628

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	Anle K. Roche		
Signature		Date	September 13, 2005
Registration Number	50,512	Telephone	(650) 493-9300

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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